PTO/SB/17 (10-08)
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Office the Faperwork Reduction Act of 1995, no person are requi			Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Complete if Known Application Number 10/553,210-Conf. #1244				4	
					October 13, 2005			
			First Named Inventor Herbert WIRZ					
For FY 2009			Examiner Name J. W. Keenan					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 3652					
TOTAL AMOUNT OF PAYMENT (\$) 130.00			Attorney Docket No.		2360-0429PUS1			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any additional fee(s) or underpayments of X Credit any overpayments								
fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION								
1. BASIC FILING, SEARCH, AND I	TABBINATION FER							
•	ILING FEES		ARCH FEES	EVAMIN	ATION EEES			
'	Small Entity	SEA	Small Entity	EXAMIIN	ATION FEES Small Entity			
Application Type Fee (\$) Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>Fees</u>	<u> Paid (\$)</u>	
Utility 330	165	540	270	220	110			
Design 220	110	100	50	140	70			
Plant 220	110	330	165	170	85			
Reissue 330	165	540	270	650	325			
Provisional 220	110	0	0	0	0			
2. EXCESS CLAIM FEES							Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reis				52	26			
Each independent claim over 3 (including Reissues)						220	110	
Multiple dependent claims						390	195	
Total Claims		Fe	e Paid (\$)	M	ultiple Depende	ent Claims	5	
21 - 24 or HP 0	x =	•				ee Paid (_	
HP = highest number of total claims paid for	or, if greater than 20.					•	_	
Indep. Claims Extra Clain	ns Fee (\$)	Fee Paid (\$)						
44 or HP =0	_ x =							
HP = highest number of independent claim	s paid for, if greater than	3.						
3. APPLICATION SIZE FEE								
If the specification and drawings e	xceed 100 sheets of	f paper (excluding electro	onically file	ed sequence or o	computer		
listings under 37 CFR 1.52(e)),	the application size	fee due	e is \$270 (\$135 fo	or small en	tity) for each ad	lditional 5	0	
sheets or fraction thereof. See	.,,,,	•	` '			_		
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) - 100 = /50 = (round up to a whole number) x						<u>Fee</u>	Paid (\$)	
	/50 =		(round up to a whol	le number) >	' =			
4. OTHER FEE(S) Non-English Specification \$130 for (no small outiful discount)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00								
SUBMITTED BY								
Signature / LUWW	grent		Registration No. (Attorney/Agent)	29,271	Telephone	ne (703) 205-8000		
Name (Print/Type) Charles Gorenst	ype) Charles Gorenstein				Date	May 13	, 2009	